



CONFIDENTIALITY/SECURITY ACKNOWLEDGEMENT

As an experiential rotation student, you are required to adhere to all policies, procedures, and responsibilities of the Qatar University College of Pharmacy Structured Practical Experiences in Pharmacy (SPEP) program. The following information is essential:

1. Definition of Confidential Health Information – Understanding what constitutes confidential health information.
2. Permitted Use of Confidential Health Information – Knowing how and when confidential health information may be used.
3. Restrictions on Disclosure – Recognizing when confidential health information may not be used or disclosed.

In addition to complying with all applicable policies, procedures, and laws of Qatar, you agree to the following:

- (i) I understand that all information identifying a patient or relating to a patient's health must be kept strictly confidential. I will not share patient information with anyone except as permitted within my role or affiliation.
- (ii) I understand that I may use and disclose confidential information only for treatment, consultation, or referral within a healthcare setting.
- (iii) If I need to discuss patient information with other healthcare practitioners as part of my role or affiliation, I will do so with discretion to protect the patient's confidentiality.
- (iv) I understand that I am not permitted to use, access, or disclose patient information for any other purpose.
- (v) I will maintain confidential patient information only on electronic media provided for my use in my role or affiliation.
- (vi) I agree never to store patient health information on social networking websites or transmit it through peer-to-peer applications.
- (vii) I will take all reasonable precautions to safeguard confidential information.
- (viii) I understand that violating this acknowledgment may result in corrective action, including termination of my employment or affiliation.

My signature on this page acknowledges that I have read and agree to the terms and conditions of this acknowledgment.

Printed Name

Signature

Date: